

EXHIBIT 5

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EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Name: Nicole SmithExtension/Home Telephone: 716-533-5343Title: Medical Records IIDepartment: HIM

In order for us to understand the basis and nature of your request, please answer the following questions and return this confidential form directly to Human Resources, Employee Benefits.

GENERAL ACCOMMODATION INFORMATION

What is the medical diagnosis for which you are requesting the accommodation?

PSA / Infertility ProblemsFMLA on File
Active

Is your condition temporary or permanent?

 Temporary Permanent

Do you have medical confirmation of the disability?

 Yes NoI am also a patient of Roswell Park.

REASON FOR ACCOMMODATION REQUEST

Why do you need an accommodation?

Immuno disease with no known cure and
Infertility problems for IVF. (Not Enough Data.)

In general terms, describe the accommodation(s) you are requesting.

to continue to be tested weekly

Describe the challenge(s) you are having on the job / that are you having difficulty performing?

The Stress is Unbearable from the loss of my job.
I have no problems doing my job currently.

Describe the employment benefit(s) are you having difficult accessing?

Signed Medical Exemption from my Primary Doctor

Describe how will this accommodation support your ability to perform the duties of your position?

To Remain Here for the Team.

OTHER

Please provide any additional information that might be useful in processing your accommodation

request. Been working Since Nov. 8, 2021 being tested
weekly

Human Resources Employee Benefits Office * 716/843-4700 * 716/845-1533

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RBV#5 - 12/27/2017

✓ HRG EX # 5 ER EX # _____
CLMT EX # 2 COL EX # _____ADJ: SP DATE 5/15/22

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PAGE 818 * RCVD AT 4/4/2022 3:08:33 PM (Eastern Daylight Time) * SVR/MSA94/PW9EFA/X37 * DNIS=518457300 * CSID=7168257163 * ANI=7168257163 * DURATION (mm:ss) 04:52

PHYSICIAN CONTACT INFORMATION: Please provide name, address, telephone and fax numbers.

The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.

RES Pain Management
37 Harlem Rd.
716-681-4088

Nadia PolatenkoKen-Ton Family Care716-447-6450Buffalo IVF4510 Main716-839-3057Roswell Park Derm Clinic

EMPLOYEE CERTIFICATION

I have / have not attached medical documentation indicating the need for the above listed reasonable accommodation(s). Submitted signed medical exemption

Already on file

I authorize the release of necessary confidential medical information regarding my disability to relevant managers as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Employee Signature:

Michele SmithDate: 12/6/21

To signatory: In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.

*NOTE: Roswell Park Cancer Institute reserves the right to request documentation if more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.